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FAX TRANSMISSION**DATE:** May 15, 2006**PTO IDENTIFIER:** Application Number 10/771,447-Conf. #3817
Patent Number**Inventor:** David Edwards et al.**MESSAGE TO:** US Patent and Trademark Office
Examiner Lopez**FAX NUMBER:** (571) 273-7937**FROM:** COVINGTON & BURLING

Andrea G. Reister

PHONE: (202) 662-5141**Attorney Dkt. #:** 000166.0109-US04**PAGES (Including Cover Sheet):** 14**CONTENTS:**Transmittal Letter (in duplicate);
Amendment Transmittal (in duplicate);
Supplemental Amendment; and
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Application No. (if known): 10/771,447

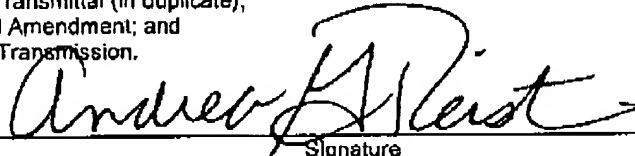
Attorney Docket No.: 000168.0109-US04

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on May 15, 2006
Date

Transmittal Letter (in duplicate);
Amendment Transmittal (in duplicate);
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Signature

Andrea G. Reister

Typed or printed name of person signing Certificate

38,253

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Docket No.: 000166.0109-US04
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:
David Edwards et al.

Application No.: 10/771,447

Group Art Unit: 3743

Filed: February 5, 2004

Examiner: M. B. Patel

For: INHALATION DEVICE AND METHOD

TRANSMITTAL LETTER

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Amendment Transmittal (in duplicate);
2. Supplemental Amendment; and
3. Certificate of Transmission.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Order No. 000166.0109-US04. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper.

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Application No.: 10/771,447

2

Docket No.: 000166.0109-US04

However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: May 15, 2006

Respectfully submitted,

By

Andrea G. Reister

Registration No.: 36,253

COVINGTON & BURLING

1201 Pennsylvania Avenue, N.W.

Washington, DC 20004-2401

(202) 662-6000

Attorneys for Applicant

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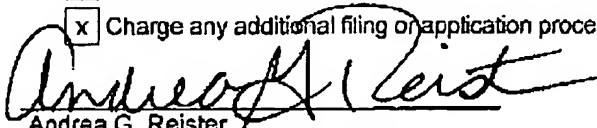
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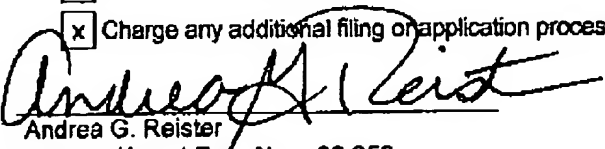
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|--|---|---|-----------------------------------|--------------------------------|------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 000166.0109-US04 | |
| Application No. 10/771,447-Conf. #3817 | | Filing Date February 5, 2004 | | Examiner M. B. Patel | |
| | | | | Art Unit 3743 | |
| Applicant(s): David Edwards et al. | | | | | |
| Invention: INHALATION DEVICE AND METHOD | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 17 | - 22 = | | x | |
| Independent Claims | 2 | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
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| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
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| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Andrea G. Reister Attorney/Agent Reg. No.: 36,253 | | | | Dated: <u>May 15, 2006</u> | |
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|--|---|---|-----------------------------------|--------------------------------|------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 000186.0109-US04 | |
| Application No. 10/771,447-Conf. #3817 | | Filing Date February 5, 2004 | | Examiner M. B. Patel | |
| | | | | Art Unit 3743 | |
| Applicant(s): David Edwards et al. | | | | | |
| Invention: INHALATION DEVICE AND METHOD | | | | | |
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| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 17 | - 22 = | | x | |
| Independent Claims | 2 | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
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|  Andrea G. Reister Attorney/Agent Reg. No.: 36,253 | | | | Dated: <u>May 15, 2006</u> | |
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**In re Patent Application of:
David Edwards et al.****Application No.: 10/771,447****Art Unit: 3743****Filed: February 5, 2004****Examiner: Lopez****For: INHALATION DEVICE AND METHOD****SUPPLEMENTAL AMENDMENT****MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450****Dear Sir:****INTRODUCTORY COMMENTS**

In response to the request of Examiners Lopez, Mitchell, and Bennett, and the telephonic interviews conducted on May 10 and May 15, 2006, Applicants provide the following supplemental amendment to amend claim 1 in accordance with the suggestions of Mr. Bennett.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

DC: 2144969-1

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